Date

Name

ARM 36.22.307, 601, 605 1003, 1004, 1011, 1013,1103,1222,1240 1301, 1306, 1309, and 1417

Submit In Quadruplicate To:

MONTANA BOARD OF OIL AND GAS CONSERVATION 2535 ST. JOHNS AVENUE BILLINGS, MONTANA 59102

SUNDRY NOTICES AND REPORT OF WELLS				
Operator			Lease Name:	
Address				
			Lease Type (Private/State/Federal):	
City State Zip Code				
Telephone Number () Fax Number ())		Well Number:	
Location of well (1/4-1/4 section and footage measurement	ts):		Unit Agreement Name:	
			Field Name or Wildcat:	
If directionally or horizontally drilled, show both surface and bottom hole locations)			Section, Township, and Range:	
API Number: Well Type (oil, gas, injection, other):				
25 State County Well			County:	
Indicate below with an X the nature of this notice, report, or other data:				
Notice of Intention to Change plans	☐ Subsequent Report of Mechanical Integrity Test			
Notice of Intention to Run Mechanical Integrity Test	ntegrity Test Subsequent I		Report of Stimulation or Chemical Treatment	
Notice of Intention to Stimulate or to Chemically Treat		Subsequent F	Report of Perforation or Cementing	
Notice of Intention to Perforate or to Cement		Subsequent F	Report of Well Abandonment	
Notice of Intention to Abandon Well		Subsequent F	Report of Pulled or Altered Casing	
Notice of Intention to Pull or Alter Casing		Subsequent F	Report of Drilling Waste Disposal	
Notice of Intention to Change Well Status		Subsequent f	Report of Production Waste Disposal	
Supplemental Well History		Subsequent F	Report of Change in Well Status	
Other (specify)		Subsequent F	Report of Gas Analysis (ARM 36.22.1222)	
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Describe Proposed or Completed Operations: Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.				
BOARD USE ONLY		The und	The undersigned hereby certifies that the information contained	
Approved		on this a	on this application is true and correct:	

Date

Title

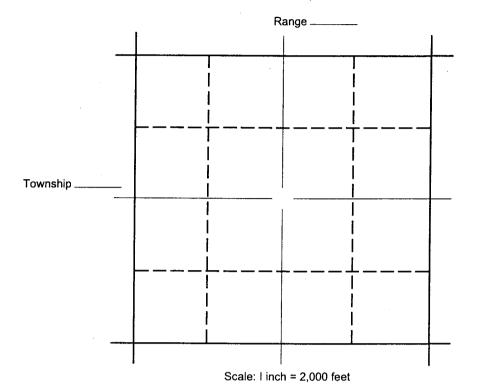
Signed (Agent)

Print Name &Title

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.



BOARD USE ONLY

CONDITIONS OF APPROVAL

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.